

## RABIES VACCINATION CERTIFICATE

*(Read Privacy Act Statement on back before completing form.) (Print in ink or type.)*

1. OWNER'S NAME <i>(Last, First, Middle Initial)</i>						2. TELEPHONE NUMBER <i>(Include Area Code)</i>					
3. ADDRESS <i>(Number, Street, City, State, ZIP Code)</i>											
4. ANIMAL'S NAME	5. SPECIES <i>(X)</i>	6. SEX <i>(X)</i>	7. AGE <i>(X)</i>		8. SIZE <i>(X)</i>		9. PREDOMINANT BREED	10. COLOR(S)			
	<input type="checkbox"/> DOG	<input type="checkbox"/> MALE	<input type="checkbox"/> 3 TO 12 MONTHS		<input type="checkbox"/> UNDER 20 LBS.						
	<input type="checkbox"/> CAT	<input type="checkbox"/> FEMALE	<input type="checkbox"/> 12 MONTHS OR OLDER		<input type="checkbox"/> 20 - 50 LBS.						
					<input type="checkbox"/> OVER 50 LBS.						
11. VACCINE			b. TYPE <i>(X)</i>			MODIFIED		KILLED			
a. PRODUCER <i>(First 3 letters)</i>			<input type="checkbox"/> 1 YR. LIC./VACC <input type="checkbox"/> OTHER			<input type="checkbox"/> CEO <input type="checkbox"/> TCO		<input type="checkbox"/> MURINE			
			<input type="checkbox"/> 3 YR. LIC./VACC.			<input type="checkbox"/> CLO		<input type="checkbox"/> CAPRINE			
12. FOR LICENSING AGENCY USE			13. DATE VACCINATED <i>(YYYYMMDD)</i>			16. VETERINARIAN					
a. LICENSE NUMBER		b. YEAR				a. LICENSE NUMBER					
						14. RABIES TAG NUMBER			b. SIGNATURE		
c. OTHER											
<input type="checkbox"/> CHANGE <input type="checkbox"/> ADD			15. VACCINATION EXPIRES <i>(YYYYMMDD)</i>			c. ADDRESS					
d. CONTROL NO.											

DD FORM 2208, JAN 2000

PREVIOUS EDITION MAY BE USED.

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. Sections 133 and 8012.

**PRINCIPAL PURPOSE(S):** To indicate currency of the animal's rabies vaccination.

**ROUTINE USE(S):** To indicate currency of the animal's rabies vaccination.

**DISCLOSURE:** Providing personal information is voluntary. However, if information is not disclosed by the owner, proof of rabies vaccination cannot be verified.